

FY 2006, 2007, 2008 GPRA MEASURES

Performance Measure	FY 2006 Target and Result	FY 2007 Target	FY 2008 Target	Measure Lead
TREATMENT MEASURES				
Diabetes Group				
1. Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5). [outcome]	Maintain at the FY 2005 rate of 15% Result: 16% Not Met (Increase in A1c>9.5 is a negative result)	Decrease the rate to 15%	Maintain at the FY 2007 target rate of 15%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
2. Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0). [outcome]	Increase the rate to 32% (2% above the FY 2005 rate of 30%) Result: 31% Not Met	Increase the rate to 32%	Increase the rate to 33%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
3. Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80). [outcome]	Maintain at the FY 2005 rate of 37% Result: 37% Met	Maintain at the FY 2006 rate of 37%	Maintain at the FY 2007 target rate of 37%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
4. Diabetes: Dyslipidemia Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol). [outcome]	Increase the rate to 56% (3% higher than the FY 2005 rate of 53%) Result: 60% Met	Maintain at the FY 2006 rate of 60%	Maintain at the FY 2007 target rate of 60%	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182
5. Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy. [outcome]	Increase the rate to 50% (3% higher than the FY 2005 rate of 47%) Result: 55% Met	Establish the baseline rate of assessment based on new, more stringent standard of care	Maintain at the FY 2007 baseline rate	Kelly Acton, Kelly Moore OCPS/DDTP, 505-248-4182

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6. Diabetic Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination. [outcome]	Maintain at the FY 2005 rate of 50% at designated pilot sites Establish a baseline rate for all sites Result: 52%/Baseline of 49% set Met	Maintain at the FY 2006 baseline rate of 49% at all sites	Maintain at the FY 2007 target rate of 49%	Mark Horton, PIMC 602-263-1200 ext 2217 602-820-7654 (cell)
Cancer Screening Group				
7. Cancer Screening: Pap Smear Rates: Proportion of eligible women who have had a Pap screen within the previous three years. [outcome]	Maintain at the FY 2005 rate of 60% Result: 59% Not Met	Increase the rate to 60%	Maintain at the FY 2007 target rate of 60%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
8. Cancer Screening: Mammogram Rates: Proportion of eligible women who have had mammography screening within the previous two years. [outcome]	Maintain at the FY 2005 rate of 41% Result: 41% Met	Maintain at the FY 2006 rate of 41%	Maintain at the FY 2007 target rate of 41%	Carolyn Aoyama, DNS/OCPS, 301-443-1840
9. Cancer Screening: Colorectal Rates: Proportion of eligible patients who have had appropriate colorectal cancer screening. [outcome]	Establish baseline rate Result: Baseline set at 22% Met	Maintain at the FY 2006 rate of 22%	Maintain at the FY 2007 target rate of 22%	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
10. RTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more). [output]	Maintain 100% accreditation rate Result: 100% accredited Met	Maintain 100% accreditation rate	Maintain 100% accreditation rate	Wilbur Woodis, OCPS/DBH, 301-443-6581
11. Alcohol Screening (FAS Prevention): Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients. [outcome]	Increase the screening rate to 12% (1% over the FY 2005 rate of 11%) Result: 28% Met	Maintain at the FY 2006 rate of 28%	Maintain at the FY 2007 target rate of 28%	Wilbur Woodis, OCPS/DBH, 301-443-6581

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Oral Health Group				
12. Topical Fluorides: Number of patients receiving one or more topical fluoride. [outcome]	Maintain at the FY 2005 rate of 85,318 patients receiving topical fluoride Result: 95,439 Met	Maintain at the FY 2006 rate of 95,439 patients receiving topical fluoride	Maintain at the FY 2007 target rate of 95,439 patients receiving topical fluoride	Patrick Blahut, OCPS/DOH, 301-443-1106
13. Dental Access: Percent of patients who receive dental services. [outcome]	Maintain at the FY 2005 rate of 24% Result: 23% Not Met	Increase the rate to 24%	Maintain at the FY 2007 target rate of 24%	Patrick Blahut, OCPS/DOH, 301-443-1106
14. Dental Sealants: Number of sealants placed per year in AI/AN patients. [outcome]	Maintain at the FY 2005 rate of 249,882 sealants Result: 246,645 Not Met	Maintain at the FY 2006 rate of 246,645	Maintain at the FY 2007 target rate of 246,645	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Violence, Abuse, and Neglect Measure				
16. Domestic (Intimate Partner) Violence Screening: Proportion of women who are screened for domestic violence at health care facilities. [outcome]	Increase the rate to 14% (1% over the FY 2005 rate of 13%) Result: 28% Met	Maintain at the FY 2006 rate of 28%	Maintain at the FY 2007 target rate of 28%	Denise Grenier, ITSC, Tucson, 520-670-4865
Information Technology Development Group				
17. Data Quality Improvement: Number of GPRA clinical performance measures that can be reported by CRS software.	Increase over the FY 2005 rate Result: Increased by 1 Met	All clinical GPRA performance measures will be reported using CRS software	Eliminate in FY 2008	Theresa Cullen, ITSC/DIR/OMS, 520-670-4803
18. Depression Screening: Proportion of adults ages 18 and over who are screened for depression. [outcome]	Establish the baseline rate of adults screened for depression Result: Baseline set at 15% Met	Maintain at the FY 2006 rate of 15%	Maintain at the FY 2007 target rate of 15%	Wilbur Woodis, OCPS/DBH, 301-443-6581
Quality of Care Group				
20. Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). [output]	Maintain 100% accreditation rate Result: 100% accredited Met	Maintain 100% accreditation rate	Maintain 100% accreditation rate	Balerna Burgess, ORAP/BOE, 301-443-1016

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21. Medication Error Improvement: Number of Areas with a medical error reporting system [outcome] In 2007, changes to Patient Safety: Development and deployment of patient safety measurement system[efficiency]	Establish and evaluate a medical error reporting system at 3 Areas Result: Medical error reporting system established at 3 Areas Met	Patient Safety: Develop patient safety measurement system and deploy to 7 sites	Deploy system to 10 additional sites	Sheila Warren, OCPS 301-443-9058 Theresa Cullen, CIO, OIT, 301-443-9848
42. Scholarships: Proportion of Health Profession Scholarship recipients placed in Indian health settings within 90 days of graduation. [outcome]	Increase the rate to 32% (2% over the FY 2005 rate of 30%) Result: 37% placement rate Met	Increase 5% over the FY 2006 rate to 42%	Increase 3% over the FY 2007 target rate to 45%	Georgianna Old Elk, OPHS, 301-443-2349
PREVENTION MEASURES				
Public Health Nursing Measure				
23. Public Health Nursing: Develop and implement data system to record time spent and nature of public health activities other than one-on-one patient care, with an emphasis on activities that serve groups or the entire community [output]	Develop data system Result: Data system developed Met	Establish a baseline of time spent and nature of public health activities	Increase 5% over the FY 2007 baseline	Cheryl Peterson, OCPS, 301-443-1840
Immunization Group				
24. Childhood Immunizations: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months. [outcome]	Maintain at the FY 2005 rate of 75% Result: 80%(Immunization Report)/ CRS using Immunization Package denominator Met	Maintain at the FY 2006 CRS rate of 78%	Maintain at the FY 2007 target rate of 78%	Amy Groom, OPHS/Epi, 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
25. Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older. [outcome]	Maintain at the FY 2005 rate of 59% Result: 58% Not Met	Increase the rate to 59%	Maintain at the FY 2007 target rate of 59%	Amy Groom and Jim Cheek, DPHS/Epi, 505-248-4226

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26. Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older. [outcome]	Increase the rate to 72% (3% over the FY 2005 rate of 69%) Result: 74% Met	Increase the rate to 76% (2% over the FY 2006 rate of 74%)	Maintain at the FY 2007 target rate of 76%	Amy Groom and Jim Cheek, OPHS/Epi, 505-248-4226
Injury Prevention Group				
27. Injury Intervention: Number of community-based injury prevention programs [output] In FY 2007 measure will reflect number of projects per Area. In FY 2008 measure changes to Injury Intervention (Motor Vehicle Injuries): Occupant protection restraint use	Implement web-based data collection system to report injury prevention projects. Result: System implemented Met	Conduct at least three community injury prevention projects in each Area and report them using the automated tracking system.	Administer a recognized occupant protection survey in 11 IHS Areas, in order to establish a baseline for restraint use.	Nancy Bill, OEHE/DEHS, 301-443-0105
28. Unintentional Injury Rates: Unintentional injury mortality rate in AI/AN people (three-year rates centered on mid-year). [outcome]	Maintain the unintentional injury mortality rate at 93.8 per 100,000 Result: Due 12/10 Pending	Maintain the unintentional injury mortality rate at 93.8 per 100,000	Maintain the unintentional injury mortality rate at 93.8 per 100,000	Nancy Bill, OEHE/DEHS, 301-443-0105
Suicide Prevention Measure				
29. Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) providers [output]	Establish a baseline of suicidal behavior report forms completed and submitted Result: Baseline of 1603 established Met	Maintain at the FY 2006 baseline of 1603 suicidal behavior report forms completed and submitted	Increase the number of suicidal behavior report forms completed and submitted to 1683	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment Group				
30. CVD Prevention: Cholesterol: Proportion of patients ages 23 and older who receive blood cholesterol screening. [outcome] In FY 2007 changes to CVD Prevention: Comprehensive Assessment: Proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.	Increase the rate to 44% (1% over the FY 2005 rate of 43%) Result: 48% Met	CVD Prevention: Comprehensive Assessment: Establish the baseline rate of at-risk patients who have a comprehensive assessment	Maintain at the FY 2007 baseline rate	James Galloway, PAO/Native American Cardiology Program, 928-214-3920

Performance Measure	FY 2006 Target and Result	FY 2007 Target	FY 2008 Target	Measure Lead
31. Childhood Weight Control: Proportion of children ages 2-5 years with a BMI of 95% or higher. [outcome]	Establish the baseline rate of children ages 2-5 with a BMI of 95% or higher Result: Baseline set at 24% Met	Maintain at the FY 2006 baseline rate of 24%	Maintain at the FY 2007 target rate of 24%	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
32. Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention [outcome]	Establish the baseline rate of patients receiving tobacco cessation intervention Result: Baseline set at 12% Met	Maintain at the FY 2006 baseline rate of 12%	Maintain at the FY 2007 target rate of 12%	Nat Cobb, OPHS/Epi, 505-248-4132
HIV/AIDS Measure				
33. HIV Screening: Proportion of pregnant women screened for HIV. [outcome]	Increase the rate to 55% (1% over the FY 2005 rate of 54%) Result: 65% Met	Maintain at the FY 2006 rate of 65%	Maintain at the FY 2007 target rate of 65%	Jim Cheek, DPHS/Epi, 505-248-4226
Environmental Surveillance Measure				
34. Environmental Surveillance: Number of tribal programs with automated web-based environmental health surveillance data collection system (WebEHRS). In FY 2008 measure changes to Environmental Surveillance: Identify and address environmental risk factors in communities. [output]	Increase the number of tribal programs to 18 Result: 20 programs Met	Increase the number of tribal programs to 29	Establish a baseline of common environmental risk factors in communities.	Kelly Taylor, OEHE/OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE MEASURES				
35. Sanitation Improvement: Number of new or like-new AI/AN homes and existing homes provided with sanitation facilities. [outcome]	Provide sanitation facilities to 22,000 homes Result: 24,090 Met	Provide sanitation facilities to 22,500 homes	Provide sanitation facilities to 21,375 homes	James Ludington, OEHE/DSFC, 301-443-1046

Performance Measure	FY 2006 Target and Result	FY 2007 Target	FY 2008 Target	Measure Lead
35A. Sanitation Improvement: Percentage of existing homes served by the program at Deficiency Level 4 or above as defined by 25 USC 1632. [outcome]	Assure that 20% of existing homes served are at Deficiency Level 4 or above Result: 35% Met	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2006 rate of 35%	Maintain the proportion of homes at Deficiency Level 4 or above that are provided sanitation facilities at the FY 2007 target rate of 35%	James Ludington, OEHE/DFSC, 301-443-1046
36. Health Care Facility Construction: Number of Health Care Facilities Construction projects completed. [efficiency]	Complete construction of replacement health centers at Red Mesa, AZ, St. Paul, AK, and Metlakatla, AK Result: 3 projects completed Met	Complete construction of replacement health centers at Sisseton, SD and Clinton, OK	Complete construction of replacement health centers at: Phoenix-Nevada Youth Regional Health Center (YRTC), Fort Belknap Quarters, MT, and Cherokee Nation (Muskogee), OK	Jose Cuzme, OEHE/DFPC, 301-443-8616

Note: Measures 15 (Diabetic Dental), 22 (Customer Satisfaction), 37 (Consultation Process), 38 (CHS Procurement Improvement), 39 (Public Health Infrastructure), 40 (Compliance Plans), and 41 (Tribal SD Process) were completed prior to 2006 and removed from the matrix. 19 (Urban) removed 1/2006 due to removal of program funding.